Questions and Answers—August, 2005

1. What is considered to be "African American" for purposes of BIH-FIMR?

The BIH-FIMR Program's definition of African American is the same as that used by the Center for Health Statistics: Mother is not Hispanic, and Mother's multi-race code is African American. For purposes of this definition, one can disregard mother's birthplace and father's race/ethnicity.

2. Where can we get county/state birth cohort files?

Unfortunately, due to an outstanding agreement with the CA Center for Health Statistics, the Branch is unable to share its birth cohort files with counties. Counties can request their county file, or those of interest, from the CA Center for Health Statistics. The contact person there is:

Michael Quinn, Chief
CDHS-Center for Health Statistics
Office of Health Information and Research
1616 Capitol Avenue, Suite 74.165, MS5101
PO Box 997410
Sacramento, CA 95899-7410
916 552-8102 Fax 650-6889
MQuinn@dhs.ca.gov
http://www.dhs.ca.gov/hisp/chs/chsindex.htm

There is a small fee associated with the file to help support CHS' efforts. BIH-FIMR funds can be used by a county to purchase that county's data files.

3. What about the gestational age and birthweights for Perinatal Periods of Risk (PPOR)?

The Branch followed CityMatCH's guidelines for determining which fetal deaths to include in PPOR analysis. These criteria are found on Appendix A.

Individual counties have the right to analyze their data as they see fit, as long as they maintain epidemiological standards. If a county chooses to use criteria and guidelines different than what the Branch does, that is acceptable. The only criteria the Branch asks is that the county guidelines are used consistently, comparisons are accurately made with other counties, the state, and US data, and that the Branch is apprised of different methodology.

4. Our numbers are too small. We need more years of data!!!

Recently the 2002 birth cohort file was released. Because the 1998 file is unavailable, the Branch has developed a file that includes 1997, 1999-2002. This is a five-year dataset. The Branch is currently running new PPOR analyses for each county, and the state overall. New "maps" and tables will be available in Fall, 2005.

Appendix A

State PPOR Analysis Guidelines (January, 2005)

Inclusion/Exclusion Criteria:

- All analyses were restricted to California Residents living in one of California's 58 counties
- Race/ethnicity was based on mother's first listed race
- Unknown birth weights and gestational ages were excluded from the analyses
- Fetal deaths were restricted to those with a recorded birth weight of ≥ 500 grams OR a recorded gestational age of ≥ 24 weeks
- Fetal birth weight imputation:
    - If the fetal birth weight was unknown and the gestational age was recorded as between 24 and 31 weeks, then the birth weight was assumed to be between 500 and 1499 grams
    - If the fetal birth weight was unknown and the gestational age was recorded greater than 32 weeks, then the birth weight was assumed to be 1500 grams or more
- Fetal gestational age imputation:
    - If the fetal gestational age was unknown and the birth weight was recorded as ≥ 500 grams, then the gestational age was assumed to be at least 24 weeks.

- Live births and infant deaths were restricted to those with a recorded birth weight of ≥ 500grams
- Rates were not calculated for numerators less than 10 due to instability of calculating rates based on small numbers.
    - There are two exceptions. For the Sacramento county PPOR maps, rates were computed for two cells (under Newborn Care) that had cell sizes of less than 10. The overall map size was greater than 60 and the cell sizes were 8 and 9, respectively. The second exception is for the California American Indian map. The cell size (under Newborn Care) was only 6, but the overall map size was greater than 60. This rate is clearly marked on the map and should be used with caution.
    - The tables provided to the counties do not have any rates computed for cell sizes less than 10.

Definitions:

Neonatal deaths - Deaths between 0 – 28 days

Post-neonatal - Deaths are 29 – 365 days